

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38 Primary Registration District No. 3006

Registrar's No.

292

STATE FILE NUMBER

62-018024

VS 300
Rev. 4/59

1 0109

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12 2-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>MO.</u> b. COUNTY: <u>BATES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>COLUMBIA</u>		c. CITY OR TOWN: <u>AMORET</u>	
Length of stay in 1b: <u>27 days</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>UNIVERSITY OF MISSOURI MEDICAL CENTER</u>		d. STREET ADDRESS (If outside, give location): <u>NONE</u>	
Reside on Farm: Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First: <u>HARVEY</u> Middle: <u>TRUMAN</u> Last: <u>PIKE</u>		4. DATE OF DEATH Month: <u>5</u> Day: <u>23</u> Year: <u>62</u>	
5. SEX: <u>MALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>3-6-62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>UNEMPLOYED</u>		11. BIRTHPLACE (City and state or country): <u>KANSAS</u>	
10b. KIND OF BUSINESS OR INDUSTRY: <u>NONE</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.</u>	
13a. FATHER'S NAME: <u>R.C. PIKE</u>		13b. MOTHER'S MAIDEN NAME: <u>ORA MATTINGLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>NO</u>		14. NAME OF HUSBAND OR WIFE: <u>NELLIE PIKE</u>	
16. SOCIAL SECURITY NO.: <u>[REDACTED]</u>		17. INFORMANT: <u>UNIVERSITY of Mo. Med. Center, Columbia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>5 mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour: _____ a.m. _____ p.m. Month, Day, Year: _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): _____	20f. CITY, TOWN, OR LOCATION: _____	COUNTY: _____ STATE: _____
21. I attended the deceased from <u>April 24, 1962</u> to <u>May 23, 1962</u> and last saw him alive on <u>May 23, 1962</u> Death occurred at <u>4:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: <u>[Signature]</u> (Degree or title)	22b. ADDRESS: <u>Univ. Mo. Med. Center</u>	22c. DATE SIGNED: <u>May 24</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>	23b. DATE: <u>May 24, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Oak Hill Cemetery</u>	23d. LOCATION (City, town, or county): <u>Butler, Missouri</u>
24. FUNERAL DIRECTOR: <u>Parker Funeral Service, Columbia, Mo.</u>	25. DATE RECD. BY LOCAL REG.: <u>May 24 1962</u>	26. REGISTRAR'S SIGNATURE: <u>Mrs. R.E. Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 20 1962

MAY 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.